



Washington State  
Liquor Control Board

Licensing and Regulation  
PO Box 43098  
Olympia WA 98504-3098  
Phone: (360) 664-1600  
Fax: (360) 753-2710

Liquor License No.

## Financial Statement for Person or Entity Loaning, Gifting, or Investing Money

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply. Attach additional sheets as needed in same format.

NAME OF BUSINESS AND PERSON TO WHICH MONEY IS BEING LOANED, GIFTED OR INVESTED::				
YOUR NAME/ENTITY NAME: <i>Last</i>		<i>First</i>		<i>Middle</i>
DOB:		DAY PHONE ( )		
MAILING ADDRESS: <i>Street/Route/PO Box</i>		<i>City</i>	<i>County</i>	<i>State or Country</i> <i>Zip Code</i>

### EMPLOYMENT HISTORY OR DATES ENTITY HAS BEEN IN BUSINESS

EMPLOYMENT HISTORY (List employment, self-employment, military service, school attendance or unemployment for the last 5 years).				
Dates From - To:		Title:		Employer/School
ADDRESS: Street or Route		City		State or Country
Dates From - To:		Title:		Employer/School
ADDRESS: Street or Route		City		State or Country
Dates From - To:		Title:		Employer/School
ADDRESS: Street or Route		City		State or Country

### ASSETS

A BANK and INVESTMENT ACCOUNTS (List all bank and investment accounts you have signature authority over, and any accounts of which you are the beneficiary).				
BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	BALANCE	AUTHORIZED SIGNATURE(S)
1.				
2.				
3.				
4.				

B INCOME	SELF/ENTITY	SPOUSE (if applicable)
MONTHLY SALARY	\$	\$
AVERAGE MONTHLY	\$	\$
OTHER MONTHLY INCOME	\$	\$

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**C** TOTAL CASH OTHER THAN IN BANK: \$ LOCATION OF CASH:

**D REAL ESTATE OWNED**

ADDRESS OF PROPERTY COVERED	COUNTY	TOWNSHIP/RANGE / SECTION	TITLE IN NAME OF	VALUE OF LAND AND/OR BUILDING	MONTHLY RENT PAID TO YOU

**E NOTES AND ACCOUNTS RECEIVABLE (Moneys owed to you and/or your business - - including this loan)**

FROM WHOM (Full name, address)	MONTHLY PYMT	CURRENT BALANCE	DUE DATE

**LIABILITIES**

**A MORTGAGES AND CONTRACT OWING (Including rent/lease payments)**

ADDRESS OF PROPERTY COVERED	FULL NAME OF LENDER / LANDLORD	CURRENT BALANCE	MONTHLY PYMT

I certify that this Financial Statement is true and accurate as of this date. I hereby authorize investigation of my financial records and other sources as necessary.

Signature	Print Name	Date
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